10/201700

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

A0962-123108.

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(0				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			(f) minus 20=		• \$			X\$ 9=	•	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		• 18			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL		OR	TOTAL	720
CLAIMS AS AMENDED - PART II								· • · · · · · · · · · · · · · · · · · ·		١٠٠٠	OTHER	
16	>0Q	(Column 1)	,	(Colum		(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 7	Minus	* 2	$\geqslant 0$	=		X\$ 9=		OR	X\$18=	
AME	Independent	dependent + Minus +++ (RST PRESENTATION OF MULTIPLE DEPENDENT			CIAIM	-		X42=		OR	X84=	
	THOTTHESE	INTAHON OF IM	DETIFUE DEF	ENDENT	CDAIM			+140=	,	OR	+280=	
							•	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
_				•		, , , , , , , , , , , , , , , , , , ,						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=	•	OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIRA	=		X42=		OR	X84=	
	TROTFRESE	ITATION OF MIC	JETIPLE DEP	ENDEN	CLAIN		۱ ا	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										•	ADDII. 1 CC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	-		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											TOTAL	
RHT	If the "Highest Nu	mber Previously Pa ber Previously Pa	aid For IN THI	S SPACE i	is less tha	n 3, enter "3."	•	-	ropriate box	l	ADDIT. FEE lumn 1.	